

Indemnity Form for Loss / Non-Receipt of Policy Document or Certificate of Life Assurance

Important Notes (Please read carefully)

- 1) Please attach a copy of the Policyowner(s)/Trustee(s)/Assignee/Claimant's identity card or passport (with photograph), together with this Indemnity Form. The signature of the Policyowner(s)/Trustee(s)/Assignee/Claimant must be endorsed or reflected clearly on their respective copy of identity card or passport.
- 2) Any amendment made has to be countersigned by the Policyowner(s)/Trustee(s)/Assignee/Claimant.
- 3) Your request will only be processed when all the requirements are received and officially accepted by Prudential Assurance Company Singapore (Pte) Ltd ("Prudential").

Name of Policyowner(s)/Trustee(s)/Assignee/Claimant

Policy Number

Name of Life Assured

I solemnly and sincerely declare that :

- I have lost and misplaced the **Certificate for Life Assurance / Policy Document** issued by Prudential Assurance Company Singapore (Pte) Limited ("Prudential").
- I have not assigned, mortgaged or otherwise charged the original policy.
- I am not an undischarged bankrupt and, to my knowledge, there are no current, pending or threatened bankruptcy proceedings against me.

I agree to indemnify and will not hold Prudential liable for all claims, costs, charges and expenses which Prudential may incur by:

Please tick "✓" only 1 option

- Option A** - paying the claim amount due on the said policy without producing the original policy;
- Option B** - issuing a duplicate Policy Document / Certificate of Life Assurance;
- Option C** - others: _____

Address of Policyowner(s)/Trustee(s)/Assignee/Claimant

Home contact : _____ Mobile contact : _____

Identity Card / Passport Number

Signature of Policyowner(s)/Trustee(s)/Assignee/Claimant

Date: